PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

101586169

CLAIMS AS FILED - PART I								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
			(Colum	n 1)	(Column 2)		1	ITPE		OK I	SIVIALLE	INTIT .	
U.S.	NATIONAL S	STAGE FEES						RATE .	FEE		RATE	FEE	
BAS	IC FEE		SMALL ENT	. = \$ 150	LARG	E ENT. = \$ 300		BASIC FEE	150	OR	BASIC FEE		
EXA	MINATION FE	E .	Satisfies PCT A (4) = \$50	' ' '	All other situations = \$ 100 / \$ 200			EXAM. FEE	100		EXAM. FEE		
SEA	RCH FEE		U.S. is ISA = : ALL other co \$ 200 / \$	untries =	ALL other situations = \$ 250 / \$ 500 ,		•	SEARCH FEE	2W		SEARCH FEE	,	
FEE	FOR EXTRA S	PEC. PGS.	minus 100 = /			/ 50 =		X \$ 125 =			X \$ 250 =		
тот	AL CHARGEAE	BLE CLAIMS	28 minus 20 = ⋆			8		X \$ 25 =	200	OR	X \$ 50 =		
INDE	PENDENT CL	AIMS	2 minus 3 = *					X \$ 100 =		OR	X \$ 200 =		
MUL	TIPLE DEPENI	DENT CLAIM PRI	SENT .					+ \$ 180 =	·	OR	+ \$ 360 =		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	, TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	:	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =		
	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRES	ENTATION OF N	MULTIPLE DEF	TIPLE DEPENDENT CLAIM				+ \$ 180 =		OR	+ \$ 360 =		
				TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE						
		(Column 1)		(Colur	mn 2)	(Column 3)							
AMENDMENT B	•	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		2		X \$ 25 =		OR	X \$ 50 =		
	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM			+ \$ 180 =		OR	+ \$ 360 =		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
 * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". 													

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Rev. 02/2005)